

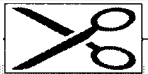


# TEMPORARY

Use in lieu of preprinted coupon booklet

Name		<b>WTD</b>	
Address			
FEDERAL IDENTIFICATION NO.			
DATE PAYROLL PAID			
City	State	Zip Code	
I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.		TAX AMOUNT DUE AND PAID	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT		TITLE	DATE

941-DRI REV 8/97



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION

## INSTRUCTIONS FOR PREPARING DAILY RETURN

DUE ON THE NEXT BANKING DAY AFTER THE PAYROLL IS PAID

### General Instructions

- Enter the employer's name and address in the appropriate section.
- Enter the employer's Federal Identification Number in the space provided.
- Enter the date payroll was paid. Returns and remittances should be for all income taxes withheld from wages paid.
- Enter the amount withheld and remitted in the blocks marked "TAX AMOUNT DUE AND PAID" Ex-
- The return must be signed, and the person signing identified as "owner," "partner," or in the case of a corporation, "treasurer" etc.

### WHO MUST USE THIS FORM

This form must be used by employers who withhold \$24,000.00 or more for a calendar month from employees' wages.

Consecutive returns for each payroll paid accounting for all taxes withheld during the year must be filed by an employer required to report daily. If no tax was withheld during a particular payroll period, a return is still required to be filed for such period.

An annual reconciliation of tax withheld must be filed by the employer with the Division of Taxation on or before February 28th.

Change from a daily return basis will be permitted only at the beginning of a calendar year and must be requested in writing before November 1st.

**Electronic Funds Transfer (EFT) is mandated for some taxpayers. Both ACH credit and ACH debit methods are available.**  
Please call (401) 277-6291 for information and authorization.